


DEPARTMENT OF CORRECTION 	PRISONS	DIRECTIVE NUMBER: 324.02.01.001 v2.0	PAGE NUMBER: 1 of 8
		SUBJECT: Retained Jurisdiction	Adopted: 08-15-95 Reviewed: 11-05-02 Revised: 12-19-02 Changed page 8, Addendum to the Pre-sentence Investigation (APSI) on: 11-1-07

01.00.00. POLICY OF THE DEPARTMENT

It is the policy of the Board of Correction that the Department of Correction shall maintain written procedures for the release of offenders from the custody of the Department in accordance with the laws of the State of Idaho.

02.00.00. TABLE OF CONTENTS

01.00.00. POLICY OF THE DEPARTMENT

01.01.00. Purpose

02.00.00. TABLE OF CONTENTS

03.00.00. REFERENCES

04.00.00. DEFINITIONS

05.00.00. PROCEDURE

05.01.00. Reception And Diagnostic Unit Evaluation And Assessment

05.02.00. Program Plan

05.03.00. Retained Jurisdiction Case Management

05.04.00. Case Conference/Staffing

05.05.00. Case End Staffing

05.06.00. Probation Plan

05.07.00. Addendum To Pre-Sentence Investigation (APSI)

03.00.00. REFERENCES

Attachment A, Basic Rules For Riders.

Attachment B, Addendum To Pre-Sentence Investigation Cover Sheet.

Attachment C, Case Management Team Referral Form.

Attachment D, Contact Sheet.

Attachment E, Needs Assessment/Placement Criteria.

Attachment F, Individualized Program Plan.

DIRECTIVE NUMBER:	SUBJECT:	PAGE NUMBER:
324.02.01.001 v2.0	Retained Jurisdiction	2 of 8

Attachment G, Individual Release Plan For Probation.

Attachment H, Notice of Retained Jurisdiction Inmate Placement.

Attachment I, Recommendation Notice.

Department Policy 120, Control, Maintenance And Disposition Of Case Management Files.

Idaho Code Section 19-2601.

Idaho Criminal Rule 32.

Prisons Directive 303.02.01.001, Inmate Classification.

Prisons Directive 318.02.01.001, Disciplinary Procedures.

Prisons Directive 613.02.01.001, Team Case Management.

04.00.00. DEFINITIONS

Addendum to the Pre-sentence Investigation (APSI). A summary of the retained jurisdiction inmate's ("rider's") institutional program plan, behavior and compliance. It includes the case manager's recommendations and the rider's probation plan and chronological notes ("chronos"), which is written by the case manager and submitted to the court for a jurisdictional review proceeding.

Adjunct Participant. Department staff and persons with whom the offender has contact (i.e., clinicians, medical, work supervisors, education, recreation, religious activities coordinator, substance abuse staff, volunteers, visitors, relatives, law enforcement) and anyone whose input may be beneficial to offender management.

Basic Rules. Standard guidelines governing the conduct of a rider within any correctional facility. A copy of these guidelines shall be given to the offender and the original copy is placed in the team case management file. (See Attachment A, Basic Rules For Riders.)

Case Conference (Staffing). A meeting conducted by the case manager with one (1) or more staff, adjunct participant, or others who have input regarding the offender.

Case Management Team. A group of staff, adjunct participants, or others, who meet and develop a program plan for an offender.

DIRECTIVE NUMBER:	SUBJECT:	PAGE NUMBER:
324.02.01.001 v2.0	Retained Jurisdiction	3 of 8

Case Management Team Chair. A staff member assigned to coordinate and supervise the case management team.

Case Manager. The Department staff member assigned to coordinate the management of the offender while incarcerated. This will include the development of a program plan and resource coordination.

Chronological Notes ("Chronos"). Contact sheet or field notes, which may be electronically generated, used as a method of documenting behavior, activities, and program participation in a regular, ongoing, systematic manner. (See Attachment D, Contact Sheet.)

Department. The state Department of Correction.

Level Of Service Inventory (LSI). An instrument used to sample an offender's risk factors in order to provide a comprehensive risk and needs assessment which is necessary in identifying offender treatment planning and supervision.

Needs Assessment. The process of screening and assessment is designed to maximize opportunities for the offender to gain access to the Department's programs and services. Assessments are conducted in a manner that identified the strengths, needs, abilities, and preferences of the offender. Assessment data may be gathered through various means including face-to-face or from external resources.

Orientation. A meeting between staff and offender to review rules that govern the offender's conduct and the programs that may be assigned.

Reception And Diagnostic Unit (RDU). Every offender entering the Department of Correction is placed into the RDU for a brief orientation, assessment, and diagnostic process.

Retained Jurisdiction Sentence ("Rider"). A sentencing alternative in Idaho, in which the sentencing court retains jurisdiction from one hundred-twenty (120) days to one hundred-eighty (180) days.

Rider. Common name for retained jurisdiction inmate. (See Retained Jurisdiction.)

Site Specific Rules. Rules formulated by individual facilities which govern the offenders in their program.

Staffing. A meeting conducted by the case manager with one (1) or more staff, adjunct participant, or others who have input regarding the offender. (See Case Conference.)

DIRECTIVE NUMBER:	SUBJECT:	PAGE NUMBER:
324.02.01.001 v2.0	Retained Jurisdiction	4 of 8

Team Case Management (TCM) File. A file maintained in the unit where the offender is housed, which contains pertinent information regarding daily activities, contact notes and program progress and which follows the offender with each housing assignment change.

05.00.00. PROCEDURE

Soon after a retained jurisdiction sentence is imposed, each rider will be transferred to a Reception and Diagnostic Unit (RDU). Males enter the RDU at the Idaho State Correctional Institution (ISCI) and females at Pocatello Women's Correctional Center (PWCC). The retained jurisdiction sentence shall begin upon entering RDU unless otherwise stated in the court order.

05.01.00. RDU Evaluation And Assessment

Each rider shall be evaluated and assessed for recommendation of facility placement to continue the retained jurisdiction process. (Attachment C, Case Management Team Referral Form)

Each rider shall attend an orientation within five working days of admission into RDU. The basic rules (See Attachment A, Basic Rules For Riders) shall be reviewed and signed by the rider, the original shall be placed in the team case management (TCM) file, and a copy given to the rider.

At a minimum, RDU will assess and evaluate the rider in the following areas:

Medical, psychiatric and dental;

Needs assessment/placement criteria (Attachment E, Needs Assessment/Placement Criteria);

Education;

Classification;

Alcohol/drug screening;

Programming needs; and,

Level of Service Inventory (LSI).

If the rider cannot be placed according to the court's recommendation, the case manager shall notify the court (See Attachment H, Notice Of Retained Jurisdiction Inmate Placement).

DIRECTIVE NUMBER: 324.02.01.001 v2.0	SUBJECT: Retained Jurisdiction	PAGE NUMBER: 5 of 8
--	--	-------------------------------

The Notice Of Retained Jurisdiction Inmate Placement (See Attachment H, Notice Of Retained Jurisdiction Inmate Placement) shall be sent to the sentencing judge, and a copy placed in section two (2) of the central file.

If at any time during the retained jurisdiction program, placement is found to be inappropriate (e.g., the rider fails to meet minimum program guidelines, has needs the program cannot meet, or presents a security risk), the case management team may transfer the rider to another facility to complete the retained jurisdiction program and shall notify the court.

The facility shall contact inmate placement to arrange for transfer of the inmate.

The case manager shall document the reasons for the transfer and the rider's needs in the TCM file.

The receiving institution shall assign a new case manager, revise the program plan (if necessary) and manage the case for the remainder of the jurisdictional period.

05.02.00. Program Plan

A programming plan shall be developed based on the rider's needs. When the program plan is completed the rider shall receive programming at the designated housing facility. The case management team shall evaluate the rider's progress based on behavior and progress towards completion of the program plan. An Addendum to the Pre-sentence Investigation (APSI) shall be forwarded to the judge prior to the expiration of the retained jurisdiction. (See Section 05.09.00 of this directive.)

05.03.00. Retained Jurisdiction Case Management

Upon arrival at the facility where the retained jurisdiction will be served, the rider shall be assigned to a Department staff member who will serve as the rider's case manager for the duration of the rider.

A program plan shall be developed at RDU using the LSI and other program tools.

05.03.01. Case Management

Case managers shall meet with riders on their caseload at a minimum of once per month to monitor progress and compliance with the program plan and to review other issues. These contacts will be documented on the rider's contact sheet.

DIRECTIVE NUMBER:	SUBJECT:	PAGE NUMBER:
324.02.01.001 v2.0	Retained Jurisdiction	6 of 8

The case manager shall obtain information from adjunct participants prior to scheduled case management team meetings. Information from all resources shall be considered when making case management decisions.

When a problem prevents the rider from understanding the rules or program plan, the case manager or other staff person shall assist the rider in understanding them.

05.03.02. Program Plan

The program plan shall be based on prioritized needs of the rider as identified in the needs assessment and the programs available at the housing facility.

The case manager may make program referrals to education, work assignments, recreation, religious, substance abuse counselors and medical services to assist the rider in accomplishing activities and programming goals. Activities referrals can be made using a referral form (See Attachment F, Individualized Program Plan) or upon request from the rider to the appropriate resource.

The rider shall be given a copy of the completed individual program plan form (See Attachment F, Individualized Program Plan). The program plan may be revised for the rider, based upon program availability and changes in rider program needs.

05.04.00. Case Conference/Staffing

The retained jurisdiction case manager shall confer with one (1) or more staff or other individuals who have had contact with the rider for input regarding progress, regress, and behavior during the program.

Case conferences should be considered a routine part of case management and should take place as needed throughout the rider's incarceration during retained jurisdiction.

All case conferences shall be documented in the contact notes.

The rider may or may not be present during the conference.

05.05.00. Case End Staffing

The case manager shall schedule a final staffing with the rider at the conclusion of the program. The recommendations being made to the court and the reasons for those recommendations shall be explained to the rider.

The rider shall have the opportunity to make comments and discuss the recommendations. It will be the rider's responsibility to write his comments to the judge.

DIRECTIVE NUMBER:	SUBJECT:	PAGE NUMBER:
324.02.01.001 v2.0	Retained Jurisdiction	7 of 8

The report to the judge will include a summary of the rider's statements made during the final staffing. If the rider does not make a statement, that will be noted.

The case manager shall complete a copy of the recommendation notice (See Attachment I, Recommendation Notice), give a copy to the rider, and attach a copy to the APSI report.

05.06.00. Probation Plan

A probation plan is required for each rider in preparation for release. Staff or volunteer assistance shall be given to riders having difficulty with probation plan development. Each rider shall submit to the assigned case manager a complete probation plan (See Attachment D, Individual Release Plan For Probation) to include verified residence and employment, as well as appropriate treatment goals.

05.07.00. Addendum To The Pre-Sentence Investigation (APSI)

The APSI is a continuation of the pre-sentence investigation and will provide information regarding the assessment, program recommendations, program plan, case conferences, facility behavior, chemical dependency diagnostic and discharge summary, if applicable and proposed probation plan. The assigned case manager will prepare an APSI in the format of Attachment B (See Attachment B, Addendum To Pre-Sentence Investigation Cover Sheet) for the court to review and make a final decision. The APSI shall be submitted to the sentencing court within twenty-one (21) days of the retained jurisdiction end date. The report may be sent earlier for the following reasons:

The rider has successfully completed the program plan and would no longer benefit from continued retained jurisdiction; or,

The rider is found to be incapable of abiding by the rules and expectations of a retained jurisdiction program.

The APSI report (See Attachment B, Addendum To Pre-Sentence Investigation Cover Sheet) with the recommendation attached (See Attachment I, Recommendation Notice) shall be reviewed by the facility head or designee before being submitted to the sentencing court.

The APSI shall be submitted to the rider's sentencing judge for distribution under Idaho Criminal Rule 32. The APSI is subject to the restrictions on possession and release as is a PSI under Idaho Criminal Rule 32, that release of an APSI is subject to that rule and that the Department counsel should be consulted when release of an APSI is requested.

DIRECTIVE NUMBER: 324.02.01.001 v2.0	SUBJECT: Retained Jurisdiction	PAGE NUMBER: 8 of 8
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Distribution of the APSI shall be as follows:

Original and two (2) copies to the judge with a request that if any major changes are made to the APSI one (1) copy be returned to the Department's Central Records for placement in the rider's central file;

One (1) copy retained in section three (3) of the central file just above the sentencing PSI (Pre-sentence Investigation);

One (1) copy mailed to the district manager of the district where the rider was sentenced.

The transmittal letter (See Attachment H, Notice Of Retained Jurisdiction Inmate Placement) will accompany the APSI.

Administrator, Operations Division

Date

IDAHO DEPARTMENT OF CORRECTION
BASIC RULES FOR RIDERS

1. I will respect and obey any lawful order or directive given by any staff member of the Department of Correction.
2. I will participate in the development of my individual program plan. I will work diligently at any program assigned to me which is designed to assist my return to society.
3. I will submit to searches of my person or living quarters by any staff member.
4. I will not use or have in my possession any article not specifically approved for my possession by the Department of Correction.
5. I will not use or possess any controlled substance or alcohol unless lawfully prescribed to me by a licensed physician. I agree to submit to tests for controlled substances or alcohol at any time as ordered by a staff member.
6. I will not leave any program or assignment without first receiving permission from a staff member.
7. I will truthfully respond to questions directed to me by a staff member.
8. I will follow all Department of Correction rules.
9. I will develop and submit a treatment and probation plan to my counselor and the court. My probation plan will include elements of my individual program plan. Any programming that I have not been able to complete will be part of my probation plan.

I have read, or have had read to me, and I understand the above agreement. I agree to abide by and conform to the rules. I understand that my failure to do so will be included in the Department of Correction's report to the court. I have received a copy of these rules.

Offender Signature

Date

Staff Witness Signature

Date

Distribution: Original – TCM file Copy - Offender

NOTE: This form will be printed on NCR paper

IDAHO DEPARTMENT OF CORRECTION
ADDENDUM TO PRE-SENTENCE INVESTIGATION COVER SHEET

Date: _____

The Honorable _____ (*judge's name*)
Judge of the _____ Judicial District
_____, Idaho 83_____.
County Courthouse

Re: _____ Case No. _____
IDOC No. _____ County: _____

Dear Judge _____:

_____ (*offender name*) was sentenced in your court for the offense of _____ (*list offenses*) and received a term of Not Less Than ____ Years Nor More Than ____ Years, with the court retaining jurisdiction. The Department's Classification Committee approved this individual's placement at the _____ (*facility name*) and _____ (*offender name*) arrived at our facility on _____ (*date*). We note the court's jurisdiction will expire on approximately _____ (*date*).

Enclosed you will find the Addendum to the Pre-Sentence Investigation (APSI). This APSI includes the following:

- A summarization of the subject's needs assessment and program plan recommendations
- Individual program plan
- Disciplinary disposition
- Activity/issue summary
- Probation plan and recommendation staffing
- Offender statement, if any, during recommendation staffing
- Recommendation Notice
- Chronological notes (three (3) sets)

Based on our case staffing and consideration of the above information, it is our recommendation that the court consider _____

Please note we have attached three (3) copies of the APSI. The original is for the court, one (1) copy is for the prosecuting attorney, and one (1) copy is for the defense attorney. We have also retained a copy for our files. Should the court modify or edit the submitted APSI, we request a copy of the revision be sent to the authoring institution.

Please forward your final disposition in this case to the IDOC sentencing specialist in our records bureau. If you need further information or assistance, do not hesitate to contact me or someone at this facility.

Respectfully Submitted,

(Name) (Title) (Facility)
Enclosures:

IDAHO DEPARTMENT OF CORRECTION
CASE MANAGEMENT TEAM REFERRAL FORM

Date: _____

Offender Name: _____

IDOC No.: _____

Housing Unit: _____

Referred to: _____

REASON FOR REFERRAL:

Offender's Signature

Team Member's Signature

Date

FOLLOW-UP RESPONSE:

Date: _____

To: _____

From: _____

Subject: Offender Name: _____ IDOC No.: _____

Housing Unit: _____

ACTION TAKEN:

IDAHO DEPARTMENT OF CORRECTION
CONTACT SHEET

From:	To:	Location:	Sheet No.:
Name:		IDOC. No.:	

CONTACTS:

Enter Date and Time. Please print *legibly*. All entries must be initialed and dated.

Date and Time:	

NEEDS ASSESSMENT/PLACEMENT CRITERIA

Offender Name: _____ IDOC Number: _____

☐ Male ☐ Female

Social Security Number: _____

Date of Birth: _____

Check all items that apply in each category

Category One: Violence History

Victim

Physical Violence

- ☐ Current Spouse Or Other Partner
- ☐ Former Spouse Or Other Partner
- ☐ Drug/Alcohol Related

Other

- ☐ Previous Counseling For Violence Issues
- ☐ Ever Spent Time In Shelter Because Of Violence Or The Threat Of Violence

Threats Of Physical Violence

- ☐ Current Spouse Or Other Partner
- ☐ Former Spouse Or Other Partner
- ☐ Drug/Alcohol Related

Perpetrator

Physical Violence

- ☐ Current Spouse Or Other Partner
- ☐ Former Spouse Or Other Partner
- ☐ Drug/Alcohol Related Violence.

- ☐ Previous Counseling For Violence Issues
- ☐ Ever Spent Time In Jail/Prison Because Of

Childhood Victimization

- ☐ Physical Abuse As A Child
- ☐ Emotional Abuse As A Child
- ☐ Sexual Abuse As A Child
- ☐ Crime Related To Child Victimization

Age _____

Duration _____

Age _____

Duration _____

Age _____

Duration _____

Category Two: Drug And Alcohol Use

- ☐ History Of Addiction/Frequent Use
- ☐ Prior Participation In Treatment Program
- ☐ Successful Completion For Treatment Program
- ☐ Program Failure
- ☐ Offender Incarcerated For Drug/Alcohol Related Offense

☐ Drug

☐ Alcohol

☐ Drug

☐ Alcohol

Category Three: Education

Offender Has Completed:

☐ GED ☐ HSE

☐ Some Post-Secondary Education

☐ High School

☐ Vocation Rehabilitation

Category Four: Family Needs

3240201001, Attachment E (Page 1 of 3)

Revised 10-2002

- ☐ Number Of Biological Children: _____ Ages _____
☐ Number Of Step/Adopted/Other Children: _____ Ages _____
☐ Spouse/Other Partner Present At Home
 ☐ Yes ☐ No If No, Where Are They? _____
☐ Children Enrolled In School, If School Age
☐ Prior Enrollment With Public Assistance Length Of Time On Assistance _____
☐ Visitation With Children Feasible How Often? _____
☐ Telephone Contact With Children Feasible How Often? _____
☐ Difficulty Maintaining Contact With Children
☐ Spouse/Other Partner Incarcerated In Jail/Prison Where? _____
☐ Spouse/Other Partner Being Actively Supervised At _____ (District)

Category Five: Physical/Mental/Spiritual Health

- ☐ Untreated Problems ☐ Physical ☐ Mental ☐ Spiritual
 What Are They? _____
☐ Offender Requires Ongoing Treatment Of Pre-Existing Condition
 What Condition? _____
☐ History Of Medication For Health Problems ☐ Physical ☐ Mental
☐ History Of Self-Injurious Behavior
 What Behavior And When? _____
☐ Suicide: Ideation/Attempt
 Describe And Note When It Occurred _____
☐ History Of Mental Health Treatment ☐ In-Patient ☐ Out-Patient
 Where And When? _____

Category Six: Work History

- ☐ Prior Participation In Job Training Program
☐ Social Security ☐ Social Security Disability
☐ Difficulty Obtaining Employment ☐ Difficulty Maintaining Employment
 Indicate Most Recent Employment: _____
 How Long At That Job? _____

Category Seven: Legal Assistance

- ☐ Divorce ☐ Child Custody
☐ Pending Charges/Detainer
 Specify: _____
☐ Other: _____

C 3240201001, Attachment E (Page 2 of 3)

Revised 10-2002
Violence Counseling

- ☐ Victim ☐ Perpetrator ☐ Child Victim Issues

Treatment For Chemical Dependency

☐ Alcohol ☐ Drugs ☐ Co-Dependency

Education

☐ GED ☐ HSE ☐ High School

☐ Skills Training ☐ Pre-Employment Training

☐ Vocational Training ☐ Business Academic Courses

☐ Correspondence Courses ☐ College Academic Courses

☐ Help For Financial Aid ☐ Other _____

Family Issues

☐ Parenting Skills ☐ Separation From Children Issues

☐ Separation From Other Family ☐ Other _____

☐ Grief/Loss Issues

Other

☐ Counseling Regarding Anger

☐ Counseling Regarding Stress

☐ Therapeutic Recreation Program

Category Nine: Placement

☐ Long Term Offender

☐ Retained Jurisdiction

☐ Protective Custody

☐ High Profile Offender

☐ Gang Affiliation

☐ Disability Requiring Special Housing

☐ Accomplice/Co-Defendant (Current Crime)

☐ Family/Friends Incarcerated In IDOC Who And Where? _____

☐ Family/Friends Working For IDOC Who And Where? _____

Program Recommendation Summary

Programs Recommended:

1. _____
2. _____
3. _____
4. _____
5. _____

Special Considerations: _____

Report Prepared By _____

Date _____

Offender Signature _____

Date _____

Distribution: White – Central File

Yellow – Team Case Management File

Pink – Offender

3240201001, Attachment E (Page 3 of 3)
Revised 10-2002

DEPARTMENT OF CORRECTION
D PROGRAM PLAN

Offender Name _____

IDOC No. _____

Offense_____

Sentence_____

County Conviction_____

Judge_____

Case Manager_____

Facility_____

PROGRAMS	Offender Initials	Counselor Initials	Start Date	Completed Date	Remove Withdraw	Review Dates			
						(have offender initial)			

ADDITIONAL INFORMATION / PROGRAM CHANGES: _____

I am fully aware and understand that the preceding items are my responsibility to fulfill. These items have been explained to me and I fully understand their importance and intent.

Offender Signature

Date

Staff Signature

Date

Offender Name: _____ **IDOC Number:** _____ **Date:** _____

Residence Upon Release _____

Address: _____ I Will Be Living With: _____

_____ Phone: _____

(City) (State) (Zip Code) (Phone)

My Vehicle Will Be: Make _____ Model _____ Year _____ Color _____ License No. _____

Name Of Company/Employer: _____

(Street Number) (City) (State) (Zip Code) (Phone)

[illegible]

<u>Name</u>	<u>Relationship</u>	<u>Support</u>			<u>Address and Phone</u>
		Very	Some	None	

<u>Children</u>	Age	Will be supporting?		Address and Phone
		Yes	No	

Counseling Emotional/substance abuse/spiritual

In the past I have had trouble, or I might have problems, with the following:

Yes	No	Problem	Yes	No	Problem
		Drugs			Clothing
		Alcohol			Transportation
		Money			Family Adjustment
		Housing			Emotional Problems
		Medical/Dental			
		Other:			

Treatment programs upon release: _____

Agencies that will assist you when you are released

Agency	Address	Phone

Have you previously lived in the community you are requesting to live in? Yes ☐ No ☐

If so, when? _____ For how long? _____

Additional comments or information _____

Inmate's Personal Financial Plan

Expense	Monthly Payment	Amount Owed
SHELTER		
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> With _____ <input type="checkbox"/> Alone		
Heat (gas, oil, electricity)		
Other utilities		
Water and sewer		
Telephone		
Laundry		
Food		
Other		
TRANSPORTATION		
Car Payment		
Auto Insurance		
Gas, oil, etc.		
Repair Bills		
OUTSTANDING DEBTS OR LOANS		
Doctor Bills		
Dentist Bill		
Hospital Bills		
Credit Cards		
Loans		
Family		

Expense	Monthly Payment	Amount Owed
RESTITUTION		
Prosecuting attorney (victim)		
<input type="checkbox"/> Public Defender <input type="checkbox"/> Private Attorney		
Health and Welfare		
Fees		
Cost of Supervision		
Treatment Program		
Other (school, etc.)		
<i>OTHER EXPENSES</i>		
TOTAL EXPENSES		

INCOME	Monthly Payment	Balance
ASSETS		
Personal Savings		
Other major assets		
Major monthly income source		
Other (list income from family, friends, church, agencies, etc.)		
TOTAL INCOME		
BALANCE		

Comments:

IDAHO DEPARTMENT OF CORRECTION
NOTICE OF RETAINED JURISDICTION INMATE PLACEMENT

TO: The Honorable Judge _____
Judge of the _____ Judicial District
_____, County Courthouse
_____, Idaho 83 _____

RE: Offender Name: _____ IDOC No.: _____
Case No.: _____ County: _____

You recommended placement at:

- ☐ NICI Boot Camp, Cottonwood
- ☐ ISCI, Boise
- ☐ PWCC, Pocatello
- ☐ Work Camp at
 - ___ ICI-O Givens Hall, Orofino
 - ___ SAWC, St. Anthony
- ☐ Community Work Center at
 - ___ Idaho Falls
 - ___ Nampa
 - ___ Twin Falls
 - ___ Boise (female)
 - ___ Pocatello (female)

The offender was sent to:

- ☐ NICI Boot Camp, Cottonwood
- ☐ ISCI, Boise
- ☐ PWCC, Pocatello
- ☐ Community Work Center at
 - ___ Idaho Falls
 - ___ Nampa
 - ___ Twin Falls
 - ___ Boise
 - ___ Pocatello

The reason for placement was:

- ☐ No retained jurisdiction program at the recommended facility
 - ☐ High risk needs and should be placed in a secure facility
 - ☐ Crime history is unacceptable for recommended facility
 - ☐ Medical, physical limitations
 - ☐ Mental health necessitates strong psychotropic medications
 - ☐ History of gang activity
 - ☐ History of suicide attempt within the last year
 - ☐ Other _____
- _____
- _____
- _____

Form completed by: _____ Date: _____

Title: _____

If you have questions, please call me at _____

NOTE: This form will be printed on NCR paper

RECOMMENDATION NOTICE

Offender name:	IDOC No.:	Date:																		
<p>The recommendation is:</p> <hr/> <hr/> <hr/> <hr/>																				
<p>The recommendation is based on the following:</p> <hr/> <hr/> <hr/> <hr/>																				
<p>Documents considered in the recommendation are:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Central File</td><td><input type="checkbox"/> School Records</td></tr><tr><td><input type="checkbox"/> Written Staff Comments</td><td><input type="checkbox"/> Work Records</td></tr><tr><td><input type="checkbox"/> Observations or Evaluations (chronos)</td><td><input type="checkbox"/> Psychological Reports</td></tr><tr><td><input type="checkbox"/> Medical Reports</td><td><input type="checkbox"/> Disciplinary Offense Report (DOR)</td></tr><tr><td><input type="checkbox"/> Self Study Work</td><td><input type="checkbox"/> Warning Slips</td></tr><tr><td><input type="checkbox"/> Probation Plan</td><td></td></tr><tr><td><input type="checkbox"/> Other (list) _____</td><td></td></tr><tr><td>_____</td><td></td></tr><tr><td>_____</td><td></td></tr></table>			<input type="checkbox"/> Central File	<input type="checkbox"/> School Records	<input type="checkbox"/> Written Staff Comments	<input type="checkbox"/> Work Records	<input type="checkbox"/> Observations or Evaluations (chronos)	<input type="checkbox"/> Psychological Reports	<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Disciplinary Offense Report (DOR)	<input type="checkbox"/> Self Study Work	<input type="checkbox"/> Warning Slips	<input type="checkbox"/> Probation Plan		<input type="checkbox"/> Other (list) _____		_____		_____	
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<input type="checkbox"/> Self Study Work	<input type="checkbox"/> Warning Slips																			
<input type="checkbox"/> Probation Plan																				
<input type="checkbox"/> Other (list) _____																				

<p>A final report is being prepared and will be sent to the court. Any comments you wish to make should be stated during your staffing and they will be noted in the final report. You may also wish to bring your concerns to the attention of your attorney or the court.</p> <p>I have read and understand this recommendation notice.</p> <p>Offender Signature: _____ Date: _____</p> <p>Staff Signature: _____ Date: _____</p>																				